

HOGAN & HARTSON L.L.P.

500 SOUTH GRAND AVENUE
SUITE 1900
LOS ANGELES, CA 90071

Tel.: (213) 337-6700
Fax: (213) 337-6701

IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

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TO: U.S. Patent and Trademark Office
Examiner: Ann Y. Lam
Art Unit: 1743

DATE: December 14, 2004

FROM: Wei-Ning Yang

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 12

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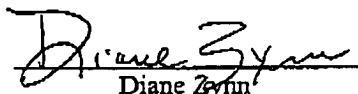
RE: U.S. Patent Application Serial No.: 09/872,052; Attorney Docket No. 1810A-045 (81841.0192)

I hereby certify that the following documents:

- Amendment/Amendment Transmittal Letter
- Declaration of Robert S. Matson Pursuant to 37 C.F.R. 1.132

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

December 14, 2004
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Diane Zynn

TELECOPY/FAX NUMBER: 703-872-9306 - Art Unit 1641

CLIENT NUMBER: 81841.0192

ATTORNEY BILLING NUMBER: 6085

CONFIRMATION NUMBER: (please return fax to Diane Zynn)

FORM PTO-1083

DEC 14 2004

1810A-045 (81841.0192)
Patent Application No. 09/872,052

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Robert S. Matson et al.

Serial No: 09/872,052

Filed: May 31, 2001

For: IMMOBILIZATION OF UNMODIFIED BIOPOLYMERS
TO ACYL FLUORIDE ACTIVATED SUBSTRATES

Art Unit: 1641

Examiner: Gabel, Gailene

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December 14, 2004

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Name

Signature

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Date

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.
Also enclosed is:

- ☒ Declaration of Robert S. Matson Pursuant to 37 C.F.R. 1.132
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	17	-	45	**	LG=\$18 SM=\$9	\$
INDEPENDENT CLAIMS FEE	1	-	3	***	LG=\$36 SM=\$43	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145	\$
Independent Claims: 55					TOTAL	\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$___ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- ☐ A check in the amount of \$___ to cover the extension fee is enclosed. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: 

Y. Jenny Luo
Registration No. 54,284
Attorney for Applicant(s)

Date: December 14, 2004

Biltmore Tower
500 South Grand Avenue, Suite 1900
Los Angeles, California 90071
Telephone: 213 337-6700
Facsimile: 213 337-6701